ABSTRACT

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AN EXPLORATORY STUDY OF CHILDHOOD ADVERSITIES AND THE RELATIONSHIP TO DEPRESSION IN AFRICAN-AMERICAN WOMEN

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This study examines childhood adversities and their relationship to depression in African-American women between the ages of 20 and 40. In reviewing scholarly literature on the effects of depression and adversity in women, a scarcity of information on the topic was found. Conversely, within the limited information, significant relevant information provided the basis for this study. The chapters within this study address the specific research problem and it's interpretations.

A residential community located in Atlanta, Georgia, provided the sample population for 35 African-American women. Each participant completed a questionnaire concerning their current feelings during a one-week period, and their experiences during childhood. Review of the findings as well as implications for practice suggest that there is a positive relationship between childhood adversities and depression in African-American women between the ages of 20 to 40.

AN EXPLORATORY STUDY OF CHILDHOOD ADVERSITIES AND THE RELATIONSHIP TO DEPRESSION IN AFRICAN-AMERICAN WOMEN

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CHAPTER ONE

INTRODUCTION

Research on the relationship between psychiatric disorders and childhood adversities has been limited with little concrete evidence. This study examines childhood adversities and the relationship between depression in African-American women between the ages of 20 and 40. For the purpose of this study, childhood adversities is defined as traumatic life experiences that an individual has gone through during preschool until the age of 13. These traumatic experiences determined for this study are as follows: the loss of a parent, separation of a parent, divorce of a parent, child abuse that includes physical, sexual, emotional abuse and various types of neglect, family violence, and life threatening incidences that include car accidents, or natural disasters.

Childhood adversities are moments when significant events affect an individual in a negative way. These outcomes of a significant event are interpreted in various magnitudes and thus affect behaviors and mental health. The purpose of this study is to find out whether or not childhood adversities contribute to depression in women. Examining various contributing factors that lead to depression might allow appropriate intervention methods to take place. Review of the findings as well as implications for practice is discussed for future research exploration.

Background of the Problem

Data from diverse cultures indicate that the lifetime prevalence of major depression is twice as high in women than in men (Desai & Jann, 2000; Harlow, Krieger, Wise & Zierler, 2001; Meisler, 2002; Surtees & Wainwright, 2001; *American Physician*, 2002; *Women's Health Weekly*, 2002). The predominance of lifetime depression in women has been explained through the results in the higher likelihood of women versus men to report symptoms of depression (artifact), the biological, and the psychosocial hypotheses (Desai & Jann, 2000).

Explanations that suggest hypotheses that relate to various ethnicities and depression are few. The specifics to African-American women and depression are minimal. Many African-American women, who may or may not be clinically depressed, go without getting treatment for depression often because of a widespread belief in the African-American community that depression is evidence of personal weakness and not a legitimate health problem (www.blackwomenshealth.com).

Factors contributing to fewer African Americans in general being diagnosed with depression include cultural barriers and socioeconomic status. Additional factors are reliance of support systems, the mistrust of the medical health profession, and the "masking" of depressive symptoms (www.nmha.org). The research on African-American women and the specifics to clinical depression is nominal; further research will contribute in the literature.

The various types of clinical depression are categorized as major depression, dysthymic disorder, double depression, manic depression, postpartum depression,

psychotic depression, premenstrual dysphoric disorder, atypical depression, seasonal affective disorder, existential depression and cyclothymic disorder (The Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition, (DSM IV) 1994). However for the focus of this study on major depression will be explored.

Major depression is the most common of all psychiatric disorders; with 17 million people in the United States having major depression each year (*American Family Physician*, 2002). An explanation of how major depression onset occurs in women has been presented as types of depression during the life cycle (Desai & Jann, 2000). Premenstrual dysphoric disorder, postpartum depression, pregnancy, menopause and bereavement are some of the adversities associated with depression in women (www.healthyplace.com). In addition to these significant adversities, the experiences during childhood years may play a role as well in the onset of depression in women (Avison, Davies & McAlpine, 1997; Desai & Jann, 2000; Meisler, 2002). This study seeks to specifically focus on childhood adversities that are related to adulthood depression in African-American women.

Statement of Problem

About 20 percent of women experience depression at least once during their lifetime (*American Family Physician*, 2002). The commonly known influences of depression are reviewed from a standpoint of adult experiences that contribute to the onset of a specific type's depression. Major depression is a multifaceted disorder that is influenced by several risk factor domains such as age, socioeconomic status, childhood history of traumas, and recent stressful life events (Desai & Jann, 2000). Recent studies

have suggested that in addition to the common known factors of depression, childhood adversities are important factors that need to be acknowledged and reviewed (Kessler & Magee, 1994).

Researchers noted that childhood traumas, such as parental loss, childhood sexual abuse, poor parenting, parental drinking, mental illness, and family violence might also contribute to the development of adult onset depression (Weiss, Longhurst, & Mazure, 1999). Though researchers have explored the causes and types of depression in women, the possibilities of childhood adversities contributing to an onset of depression in women has yet to make a significant mark in literature. If there is a possibility that such experiences can contribute to depression, researchers and practitioners should be equipped with this information to detect adversities for early prevention and intervention methods to assist clients. This study has a goal to focus on such issues defined as traumatic experiences during childhood in relation to depression.

Purpose

The purpose of this study is to explore if there is a relationship between childhood adversities and the onset of depression in African-American women. In this effort to research, document, analyze literature, this study examines the traumatic childhood adversities and the relationship to depression in African-American women ranging from the ages of 20 to 40. In addition, this study is focused on applying a theoretical framework that aids in explaining the hypothesis of this study. An outlook of contributing factors and an effort to provide further sources of information is a goal that this study aims to reach.

Significance of the Study

This study was developed in an effort to expand knowledge and research in the field of social work on issues pertaining to depression in African-American women. The documented findings of the literature show that there is a high prevalence of major depressive episodes in women overall. Research has stated broadly that childhood adversities may cause adult on-set depression, specifically major depression. This study seeks to further enhance literature and explore contributing risk factors of various traumatic experiences in childhood. Much of the literature explores in great depth the most prevalent depressive episode during the life stages of women. This study provides information regarding the various childhood adversities among African-American women, as there is still much needed research on this aspect of depression. As social work educators, and practitioners further research on contributing factors to the onset of depression is essential when working with clients. Information that is gained from this study will put an added mark in the literature where it is weak. It is important to continue this research from all possible avenues, for depression rates within the United States can rise.

CHAPTER TWO

REVIEW OF THE LITERATURE

An overview of existing literature is discussed in this section. The focus areas are as follows: depression, depression in women, depression in African-American women, and childhood adversities. The information is synthesized and analyzed.

Depression

Empirical data provide support for the causal contribution of life stress to the onset and recurrence of depression (Anderson et al., 2001). The emotional frustration of stress is a feeling of many different emotions including frustration, anger, worry, fear, sadness, and despair. Stresses that continue day after day can contribute to depression. Maass-Robinson (2001) reported that the National Institute for Mental Health, in partnership with numerous consumer and professional organizations, created materials that define "warning signs" for depression. In any combination that last for least 2 to 4 weeks the warning signs include significant weight loss or gain, change in appetite, sleeping more or less, agitation, low energy, feelings of guilt or worthlessness, difficulty thinking and thoughts of death or suicide (http://www.surgeongeneral.gov). In order to determine if one is experiencing depression, professionals refer to The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), fourth edition (APA, 1994).

This manual gives the official criteria for mental disorders according to the American

depressive episodes and 10.3 percent have had an episode with in the past 12 months during 1999 (Desai & Jann, 2000). Data consistent across the world indicate that major depression is approximately twice as common in women then in men (Desai & Jann, 2000; Harlow et al., 2001; Meisler, 2002; Surtees & Wainwright, 2001; *American Family Physician*, 2002; *Women's Health Weekly*, 2002).

The lifetime prevalence of depression varied from 10 percent to 25 percent in women with an average of approximately 20 percent. An explanation to the predominance of depression in women has been hypothesized as the artifact, the biological, and the psychosocial factors. As a brief description, "the artifact specifically results in the higher likelihood of women versus men to report symptoms of depression (Desai & Jann, 2000, p. 525). The biological factor proposes differences in the brain structure and function between men and women and specifically relates to neurotransmitters and hormonal influences. The psychosocial factors emphasize that women who have a lower socioeconomic status are more prone to stressful life events (Desai & Jann, 2000). Those events that women face may contribute to a depressive disorder.

Depression in Women

Women have a one and five chance of suffering from a depressive disorder over the course of their lifetime. The World and Health Organization reported that depression is the leading cause of morbidity among women (Meisler, 2002). During a woman's life, depression may occur with certain events like puberty, pregnancy, perimenopause, trauma, or substance abuse (*Women's Health Weekly*, 2002). Statistics show that overall

90 percent of women who are depressed or perceive a need for treatment make at least one visit a year to a primary care physician (Ludman & Katon, 2003).

Major depression is a multifactorial disorder and is influenced by numerous risk factors, including age, socioeconomic status, childhood history, and recent stressful events. Researchers and practitioners in the field of mental health have long believed that childhood stressors can leave a person vulnerable to adult depression (Stone, 1992). "Women are more often victims of childhood adversity and maltreatment, which are associated with medically unexplained symptoms, high medical utilization, psychological distress and high-risk behaviors" (Ludman & Katon, 2003, p. 114).

Depression does not discriminate based on age, sex, or race. The lifetime prevalence of depression in women is about 15 percent (Meisler, 2002). Studies have consistently shown that women are considerably more likely to acquire the disease of depression than men. In addition, women of color, as compared to white women, often have additional stress and risk factors, which in turn increase their risk for depression (Maass-Robinson, 2001). Specifically looking at African-American women, studies have shown that depression has often been misdiagnosed within this community of people (http://www.nmha.org/ccd/support/africanamerican.cfm).

Depression in African-American Women

Researchers have demonstrated that African-American women exhibit a disproportionate risk of ill health (Jean, Lawson, Rajaram & Rodgers, 1999). The health disparities between African Americans and other racial groups are striking and are apparent in life expectancy, infant mortality, and other measures of health status

(www.cdc.gov/omh/Populations/BAA/BAA.htm). Many African-American women, who may or may not be clinically depressed, go without getting treatment for depression often because of a widespread belief in the African-American community that depression is evidence of personal weakness and not a legitimate health problem (www.blackwomenshealth.com).

It has also been historically difficult for African Americans as a race to trust health care providers, due in many cases to a history of inadequate, discriminating, and in some cases, inept and inappropriate care (Maass-Robinson, 2001, p. 48). Little knowledge is known to the specifics of contributing factors and depression in African-American women. Though researchers found that depression presents the greatest disease, burden for women when compared to other diseases, one of the possible "culprits" of depression is life stress and trauma. A case-control and community-based study has shown that more than 80 percent of major depression cases were preceded by a serious adverse life event. Traumatic experiences, such as childhood sexual abuse, adult sexual assault, and male partner violence can lead to depression. Initial research has also suggested that early trauma has a greater impact on risk for depression than later occurring trauma (*Women's Health Weekly*, 2002).

Childhood Adversities

There is support from researchers Kessler and Magee, who both assert that "a full understanding of the factors that influence prevalence of depression requires researchers to investigate the determinants of prior depression as well" (Avison, Davies & McAlphine, 1997). Various studies, (Allen, et al., 2003; Angelini, Reinholtz, & Roosa,

1999; Avison et al., 1997; Davis, Kendler, & Kessler, 1997; Infrasca, 2003; McIntosh, 2002; Stone, 1992; Surtees & Wainwright, 2002; *American Family Physician*, 2002), aimed to view the correlation of childhood adversities and depression in adulthood by conducting their own research. Researchers have stated that there is good evidence that adverse experiences in childhood are associated with increased rates of adult depression (Surtees & Wainwright, 2001). Retrospective studies in treatment and community samples consistently found that adults who suffer from current psychiatric disorders are significantly more likely than other to report exposure to childhood adversities (Davis et al., 1997). Studies of psychiatric patients and general populations have shown that the rate of mental disorders is higher in adults who have experienced stressful events during childhood (Infrasca, 2002).

A questionnaire was designed by Kessler and Magee to measure seven early childhood adversities. These were parental divorce and or separation, death of a parent, experience of violence in the family, witness of violence in the family, serious parental mental health problems, parental marital problems, and serious parental drinking problems (Daley, Hammen, & Henry, 2000). Various researchers have used or referred to Kessler and Magee's (1993) questionnaire to look at specific childhood adversities and or to explain the correlation between depression in women and childhood adversities (Avison et al., 1997; Davis et al., 1997; Daley, Hammen & Henry, 2000; Desai & Jann, 2000; Infrasca, 2002; Kessler & Magee, 1994; Surtees & Wainwright, 2001).

In addition to adult related experiences, Surtees and Wainwright (2001) indicated that part of the association between childhood adverse experience and adult depression is due to a high risk of early first onset with this subsequently leading to a lifetime of

recurrent episodes. Research on children at risk show that only about 25 percent of children exposed to trauma develops demonstrable psychopathology as adults. Though children of a depressed parent are four times more likely to develop an affective disorder there is a 40 percent chance of experiencing depression by age 20, and 60 percent chance by age 25 years (Andrews, Burns & Szabo, 2000).

Researchers have argued the pathways linked to the experiences in childhood as a chain of sequences of both social selection and social causation processes. Social selection is defined as those experiences of distress or disorder that influence one's social status. In other words, an individual's capacity to function with others is due to confusion at some level. Social causation processes are those in which social statuses condition one's mental health (Avison et al., 1997). Incorporating the argued hypothesis, Paris (1998) states that various studies note that childhood adversities have long-term influences on individual's subsequent mental health in adulthood. Literature shows that negative childhood events are one of many risk factors for psychopathology in adulthood. A look into the pathways from childhood to adulthood has been discussed along with a few documented studies of specific adversity onsets that cause depression in parents.

Such studies as childhood family violence, family turmoil, childhood separation from a parent, family hereditary of depression, and childhood sexual abuse are examples of adversities that researchers explored. Utilizing the measure that Kessler and Magee used in their questionnaires (1993), results from one study indicated that women with exposure to one or more childhood and adolescent adversities such as family violence, parent psychopathology, or alcoholism and others were more likely to become depressed (Hammen & Henry, 2000).

The majority of the studies that have focused on adversities as a whole have not found concrete, or specifics of various childhood experiences. Researchers argued that the history of depression is a critically important factor that has been overlooked in almost all previous studies of psychosocial risk factors for depression (Kessler & Magee, 1994). The few studies that have investigated these issues conclude that childhood adversities often occur in clusters, making it difficult to pinpoint any one particular adversity as the critical determinant of subsequent adult disorders (Davis et al., 1997). As a result, a reliable and substantial link of research between childhood adversities and their affects on depression must be viewed further.

Limitations of the Literature

The majority of the studies available focus on the reliable statistics that shows contributing factors to depression of major life events in women during adulthood. Most of the literature gathered focused on post-traumatic stress, menopause, premenstrual, postpartum depression, pregnancy, and adulthood adversities in women overall and not within specific cultures. The repetitive literature that focused on childhood adversities was broad in content. Statistical information on depression in African-American women was minimal. Gaps in this literature area of depression need to be exhaustive. Considerable further work is needed to include and test the role of childhood experiences in the acquisition of susceptibility to depression (Daley, Hammen & Henry, 2000). However, the literature that was valid and reliable based its focus on depression and does note the gaps in literature.

Proposed Study

The proposed study seeks to explore the effects of childhood adversities as possible contributing factors of depression in women ranging from the ages of 20 to 40. For this study there is one variable that is measured, childhood adversities. Childhood adversities are the independent variable and depression in women is the dependent variable.

Research Question and Hypothesis

This study seeks to find if there is a correlation between childhood adversities and depression. Do childhood adversities contribute to adult onset of depression?

HA: Childhood adversities have an effect on depression in women.

HO: Childhood adversities have no effect on depression in women.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

To further explain how and why the independent variable childhood adversities and dependent variable depression would be related to each other, the psychology-based theories psychodynamic/psychoanalytic processes should be considered. The psychodynamic theory fathered by Sigmund Freud was based on Freud's belief of the mind consisting of the conscious, preconscious, and unconscious thought. Freud believed that the mind was composed of feelings, instincts, drives, conflicts, and motives that control the behavior of an individual. Depending on the level of consciousness (conscious, preconscious, and unconscious) the ability to function at a comfort level that conquers the drives and expectations of the desired need differs. The conscious and preconscious mind, based on theory, is capable of reaching a goal of comfort. The unconscious mind struggles with unwanted emotions and uses defense mechanisms to suppress the negative thought (Ashman & Zastrow, 2001).

In addition to the psychodynamic theory, Neo-Freudian, Carl Jung, (1871) expounded on the psychoanalytical theory and beginning works of Freud. Based on a psychology model of understanding personality, the psychoanalytical theory viewed from Jung's perceptive, believed that the mind was more than an summation of an individual's past experiences but that an individual experiences somehow melded into a

collective unconscious thought process (Ashman & Zastrow, 2001). The psychoanalysis theory postulated, as well, defense mechanisms that was common of individuals who fought with their unconscious feelings. Combining the two similar theories, the development psychopathology is incorporated with in the theories. The psychopathological development is theorized as disturbances that can arise from several sources, with one of the sources being traumatic experiences that an individual is not able to directly cope with, and thereby strives to resolve this unwanted emotion by using defense mechanisms as repression or denial (Ashman & Zastrow, 2001).

For the purposes of this study the hypothesized independent variable and dependent variable could be linked to the theories above. The unwanted and fearful emotions in childhood, the trauma, the behaviors, and the inability to cope are all characteristics of depression in women who have experienced such life events. Practitioners have used intervention methods based on the psychodynamic and psychoanalytic theories (Ashman & Zastrow, 2001).

According to the psychodynamic theories on depression, "depressive mood states appear to facilitate retrieval of memory schemas involving deprivation and disturbing human interactions" (Acklin, Alexander, & Dugoni, 1989). Psychodynamic theorists contend that depression develops in response to a loss of any kind at an unconscious level. A psychodynamic clinician would make an extensive use of free association in hopes of having whatever thoughts on an individuals mind to come to surface of the conscious mind (www.holysmoke.org).

Psychoanalytic theorists aimed to use similar methods to re establish harmonious relationships between the three elements that constitute the mind by excavating and

resolving unconscious repressed conflicts. Relaxation techniques and open conversations were techniques used by psychoanalyst. The objective of psychodynamic and psychoanalytic treatment is to form a self-understanding of the issue while maintaining a comfort level of desirable emotions and behaviors (Ashman & Zastrow, 2001). Understanding the theories of depression and practice is essential when applying intervention methods to clients.

Definition of Terms

For the purpose of this study the following terms are defined for clarity.

African-American woman: an adult female who is a black American of African ancestry.

Childhood Adversities: are troubled and or difficult experiences that have taken place during any or all of the developmental stages of infancy up to adolescence (Webster's New World Dictionary and Thesaurus, 1996, p. 10,12,101,707).

Major depressive disorder: a mood disorder in which in the primary symptom is a lowering mood, sadness, discouragement, and helplessness (Holmes, 2001, p. 209).

CHAPTER FOUR

METHODOLOGY

In chapter four the methodology of the study is outlined. The chapter is divided into five sections, which are design, site and setting, sample, measure, and procedure.

Design

The design for this study is the cross-sectional design for exploratory research. For this particular study, the cross sectional design has no manipulation or intervention methods. The notation for this design is O where O equals the measure. The O represents the dependent variable depression. Using this design to measure the independent variables to the dependent variable poses a threat to internal validity.

The internal validity of this design may be threatened by other variables not tested within this study. This factor could contribute to the outcome of an alternative hypothesis to depression in African-American women. Current adversities evident to the participant can contribute to depression, as well as the methods and influences of administering the form of measure to each participant can change the hypothesized outcome of this study. To minimize this threat and increase internal validity, consistency and appropriate specifications was divulged.

Site and Setting

The researcher conducted study in the Hampton Oaks residential community located in Atlanta, Georgia. Hampton Oaks development was an incentive project in revitalization of the community. Hampton Oaks was built in 1995, and provides apartment style and co-op style units (town homes) to families with low incomes. The main settings for this study were on location within Hampton Oaks. Participants of study had the flexibility and option to complete the questionnaire after a parent's group meeting in the clubhouse of Hampton Oaks or in a more personalized space, in the privacy of their own home.

Sample

The African-American women population at Hampton Oaks participated in this study. This site was selected because the population size needed was significant in numbers. The women participants ranged between 20 to 40 years old. This age range was specified due in part to the birth cohort of significant events and consistencies that may have been experienced throughout their childhood years. For those who agreed to participate an inform consent and questionnaire was provided. Due in part to the sample population being comprised from a convenience sampling method, the researcher was known to some participants and the validity of the study posed a threat. Researcher concluded that this might be true due to uncertainty of confidentiality concerns. In order to minimize this threat, it was emphasized that all comments were confidential and would be used strictly for the purpose of this study.

Measure

The data for this study was collected using a 29- item questionnaire. The sample was selected from a population of 85 residents of Hampton Oaks. The questionnaire consisted of three sections. Section one current emotional feelings, section two childhood adversities, and section three medications. The questionnaire consists of a combination of questions taken from the Parents' Depression Inventory Survey administered by The Center for Epidemiologic Studies, and from the Kessler and Magee (1993) Questionnaire of Early Childhood Adversities. The questions contain Likert responses. The methods and questions used in this study were generated to allow participants to freely express their emotional feelings as it relates to childhood adversities. The construct validity of the measure may be reduced because of the variables effect to current adversities and feelings of despair that participants may feel. To minimize this threat specific questions pertaining to childhood adversities were noted.

Procedure

The program manager assisted researcher in conducting the study. The women were given the choice to participate after a parents meeting held on site with the program manager who was briefed and instructed on the study. The 40 women who decided to participate were given a consent form and a questionnaire. The program manager was given a brief synopsis of the study the questionnaire and the procedures from start to finish. The data collection for this study lasted from January 10, 2003 to January 24, 2003. The questionnaire was administered and explained to 40 participants during a parent's group meeting held at Hampton Oaks. Each section of directions was read and

the opportunity for questions was presented. Those participants who felt comfortable in completing the survey at the meeting did so, and the remainder had the choice of taking the survey home and returning the survey sealed to the program manager. The data collection time lasted approximately 15 minutes.

Limitations in the collecting of data were significant. The availability of participants, and their willingness to participate posed challenges due to time conflicts of parents meeting, and to the efforts that were made in retrieving the questionnaires that were distributed and collected at a later date. Efforts were made to decrease this limitation by making other arrangements for completion of questionnaire, and by making all members aware of confidentiality and purpose of study. This was done to minimize any confusion and increase validity. Upon completion of the questionnaire each participant was given a card of thanks and a keepsake gift.

CHAPTER FIVE

PRESENTATION OF FINDINGS

This chapter discusses the results of this study. It presents the demographics of the participants, the findings of the questionnaire and it's interpretation.

Outcome of Questions

The study started with a convenience sample population of African-American women who reside in the Hampton Oaks Development, located in Atlanta, Georgia. The sample was selected from a population of 85 residents who completed a 29- item questionnaire. A total of 40 African-American women participated in this study; the results discussed below are for 35 participants, as the remaining five were disqualified due to age specifications. The findings to this study are depicted into tables with explanations of each. Table 1 below depicts the demographic profile of each participant categorized by martial status, age, and number of children.

Table 1

Demographic Profile of African-American Women

Variable	Frequency	Percent
Marital Status		
Married	6	17.1
Single	29	82.9
Age		
20-24 yrs	1	2.9
25-29 yrs	9	25.7
30-34	18	51.4
35-40	7	20.0
Children		
0-2	17	50.0
3-6	15	44.1
6 or more	2	5.9

Out of each valid response majority of the participants were single, between the ages of 30-34 years and have 0-2 child (ren). Percentages indicated respectively 82.9 percent, 51.4 percent, and 50 percent. Section 2 of the questionnaire consisted of adjectives describing emotions about themselves with in the past week.

Table 2

Emotions of African-American Women

Variable	Frequency	Percent
Shy	4	11.8
Worrisome	10	29.4
Happy	16	47.0
Angry	4	11.8
Total	34	100.0

Table 2 displays the responses of emotions with the majority, 47 percent of the women considering themselves to be happy individuals. Additional questions were addressed that consist of positive and negative emotions. For the purposes of comprehension the positive and negative emotions were grouped together. Each question asked had choices ranging from (Value 1) less than one day, (Value 2) 2-3 days, (Value 3) 3-4 days, and (Value 4) 5-7 days.

Table 3

Positive Emotions of African-American Women during the Week

Variable	0 days		1-2 days		3-4 days		5-7 days	
	#	%	#	%	#	%	#	%
Good As Others	5	14.3	5	14.3	11	31.4	14	40.0
Effort	9	25.7	4	11.4	13	37.1	9	25.7
Enjoyed Life	5	14.3	8	22.9	9	25.7	13	37.1
Happy	4	11.4	10	28.6	8	22.9	13	37.1
Hopeful Future	5	14.3	12	34.3	7	20.0	11	31.4
Satisfied	2	5.7	15	42.9	7	20.0	11	31.4

Table 3 displays the percentages and frequencies of responses to positive emotions. Over a 7-day week the highest frequencies were, on any given day, 42.9 percent felt satisfied, 40 percent felt as good as others, 37.1 percent felt that they made an effort towards everything, and 25.7 percent felt that everything they did was an effort. The combined emotions for negative feelings are also grouped together and given the same value scale. Table 4 displays the percentages and frequencies for responses to negative emotions.

Table 4

Negative Emotions of African-American Women during the Week

Variable	0 days		1-2 days		3-4 days		5-7 days	
	#	%	#	%	#	%	#	%
Bothered By Things	10	28.6	9	25.7	10	28.6	6	17.1
Felt Blue	12	34.3	9	25.7	9	25.7	5	14.3
Felt Lonely	13	37.1	12	34.3	4	11.4	6	17.1
Felt Sad	11	31.4	11	31.4	8	22.9	5	14.3
Felt Depressed	14	40.0	7	20.0	6	17.1	8	22.9
Had Restless Sleep	11	31.4	12	34.3	5	14.3	7	20.0
Had a Crying Spell	18	51.4	8	22.9	4	11.4	5	14.3
Felt Disliked	18	51.4	11	31.4	3	8.6	3	8.6
Felt Life was a Failure	15	42.9	10	28.6	7	20.0	3	8.6
Felt Fearful	15	42.9	14	40.0	4	11.4	2	5.7
Poor Appetite	12	34.3	14	40.0	3	8.6	6	17.1

Table 4 depicts responses for a 7-day week. The highest percentages of any given day were, 51.4 percent of participants had a crying spell and or felt disliked by others, 40 percent felt fearful and or had a poor appetite, 28.6 percent felt bothered by things, and 22.9 percent felt depressed.

Childhood Adversities

Questions taken from Kessler and Magee (1993) Questionnaire of Early Childhood Adversities were placed in the last set of questions with directions indicating to participants to pick answer yes or no that best represents an experience that they may have had during childhood (ages 3-13). Seven questions were asked of personal experience and placed as (Value 1) yes, (Value 2) no.

Table 5

Childhood Adversities of African-American Women

Variable	Yes		No	
	#	%	#	%
Divorce of Parent	18	51.4	17	48.6
Separation of Parent	24	68.6	11	31.4
Victim of Violence	15	44.1	19	55.9
Witness to Violence	21	60.0	14	40.0
Death within Family	28	82.4	6	17.6
Childhood Abuse	18	51.4	17	48.6
Traumatic Experience	14	41.2	20	58.8

Table 5 depicts the percentages and frequencies of childhood adversities, 82.4 percent experiencing the adversity of death within the family and 58.8 percent not experiencing a traumatic event were found to be most common between the ages 3 and

13 years. In addition to addressing emotions during adulthood and during childhood the last section on the questionnaire pertained to medications used during (Value 1) during ages 3-13 years, (Value 2) during the last 6 months, and (Value 3) not applicable.

Table 6

Use of Medication by African-American Women

Variable	Frequency	Percent
During the ages of 3-13	3	9.1
During the past 6 months	7	21.2
Not Applicable	23	69.7
Total	33	100.0

Table 6 displays the use of medication by each participant, with 69.7% of the responses marked as not applicable and 21.2 percent use of medication (anti-depressant) during the past 6 months.

Summary of Findings

Analyzing the data received, various childhood adversities are evident. Based upon the scale used to report symptoms of depression, the Parent's Inventory Survey placed a numeric value for each answer. (Value 1) less than one day: 0, (Value 2) 1-2 days: 1, (Value 3) 3-4 days: 2, (Value 4) 5-7 days: 3. The table below depicts the responses to symptoms of depression in African-American women.

Table 7

Symptoms of Depression of African-American Women

Variable	Frequency	Percent
No symptoms of depression	9	26.0
Symptoms of Depression	26	74.0
Total	35	100.0

According to a scale developed by the Center of Epidemiologic Studies any persons who scored 17 or higher did show symptoms of depression and 16 or lower showed zero to few symptoms of depression. Table 7 displays the percentages and frequencies of responses; the majority of participants (74 percent) showed symptoms of depression. The tables within this study display condensed data and explanations to frequent responses. The outcome of all the responses presents a significant number of childhood adversities, emotional state and symptoms of depression as possible contributing factors to depression in African-American women.

CHAPTER SIX

DISCUSSION AND IMPLICATIONS OF FINDINGS

Suggested Research for Future Practices

The importance in understanding the implications of this study to the field of social work is essential. The results of this study impact the field of social work as well as other disciplines. The information that was gained provides an understanding of the effects of childhood adversities as contributing factors to depression in African-American women. As professional practitioners continuing to research and educate promotes competence for a wide spectrum of intervention methods.

The results of this study explored the role of adversities and depression. The above knowledge better equips social workers with a better understanding of what "else" causes depression in women. Further research is needed to have concrete information be significant in literature for various fields of study to practice from. This information aids the social worker in the assessment process and later determines what avenue of intervention is needed for a particular client. This study displays a relationship between childhood adversities and depression in African-American women. The findings within this study aid researchers and professionals explanations to contributing factors.

The roles and responsibilities that social workers possess are based on evaluation of theory and practice. Professional practitioners determine what role and what responsibilities are needed in aiding a client. Researched information helps determine

this role and responsibility. Not all case studies will fall into a single category and expounding on literature furthers the social workers ability to aid.

Limitations to Findings

There are several limitations to this study that should be taken into consideration. The validity of this study was threatened due to the small population size. Thus, the findings cannot be generalized to the large population with similar characteristics. Out of 40 participants only 35 questionnaires were accurate and completed. An additional limitation was the collection of questionnaires. The participants had a choice to complete the survey after a parents meeting or at home, because of the schedules of the participants. Those numbers are not discussed in this study because they are unknown. If outside influence manipulated the control of the sample in one site could have implications for the validity. It is important to recognize that there is constant change, and though this statement is true based upon the data analyzed in chapter five, symptoms of depressions was evident, as well as childhood adversities. Yet, the theories of depression discussed in chapter three gave a framework on which researchers such as Sigmund Freud and Carl Jung have developed therapeutic techniques and was found to be applicable regardless of the variation in the site for data collection.

Out of those responses of participants who had symptoms of depression 73 percent (19) were not medicated during the past 6 months and 96 percent (25) were not medicated during the ages of 3-13. Based upon a comparison from the numbers of participants with symptoms of depression and participants with zero to few symptoms of depression 9 participants were sited as having zero to few symptoms and having 11

percent (1) usage of medication during ages 3-13 and during the past 6 months. Participants experienced adversities at 56 percent (5) 0-3 experiences, and 44 percent (4) at 4-7 experiences. The initial hypothesis supports childhood adversities contributing to adult on-set depression. Those adversities experienced during childhood that do not contribute to depression in adulthood may have other factors that contribute to depression as well as medication usage. Further research on contributing factors to depression in African-American women is needed.

APPENDIX A: QUESTIONNAIRE

Directions: Please fill out the following questionnaire to the best of your ability. **Please do not sign your name to the questionnaire.**

1. How old are you: _____
2. Are you married or single: (1) Married (2) Single
3. How many children do you have: (1) 0-2 (2) 3-6 (3) 6 or more
4. Would you consider yourself: (Please circle one)
(1) Shy (2) Worrisome (3) Happy (4) Angry

For each line, pick the answer that best describes how often you felt a specific way during the past week.

5. I felt that I was just as good as other people:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

6. I was bothered by things that usually don't bother me:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

7. I felt that I could not sake off the blues even with the help from my friends or family:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

8. I felt that everything I did was an effort:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

9. I felt lonely:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

10. I felt sad:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

11. I enjoyed life:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

12. I felt depressed:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

13. My sleep was restless:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

14. I had a crying spell:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

15. I felt happy:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

16. I felt like people disliked me:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

17. I thought my life had been a failure:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

18. I felt hopeful about the future:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

19. I felt fearful:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

20. I did not feel like eating my appetite was poor:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

21. I am satisfied with myself:
(1) Less than one day (2) 1-2 days (3) 3-4 days (4) 5-7 days

For each of the questions 22 through 28, please pick the answer that best represents experiences that you may have had during your childhood.
(Ages 3-13.)

22. Have you ever experienced divorce of your parents:
(1) Yes (2) No

23. Have you ever experienced separation of your parents:
(1) Yes (2) No

24. Have you ever been a victim of violence in your household:
(1) Yes (2) No

25. Have you ever witnessed violence in your household:
(1) Yes (2) No

26. Have you experienced absence of a parent, of a close family relative, or close friend due to death or other causes:
(1) Yes (2) No

27. Have you ever experienced any abuse (physical, sexual, mental or emotional) from a parent, guardian, caregiver, family friend or person unknown:
(1) Yes (2) No

28. Have you ever experienced a traumatic experience due to an incident or accident (life threatening illness or natural disaster)
(1) Yes (2) No

29. Please circle the answer that best describes your use of anti depressants (Paxil, Zoloft, Celexa)

(1) During the ages of 3-13 (2) During the last 6 months

(3) Not Applicable

Thank you for participating in this survey

APPENDIX B: INFORMED CONSENT FORM

The objective of this study is to find out if childhood adversities contribute to depression in African-American women. The results will be used to further assess the cause of depression and gain insight on methods of prevention and intervention from various fields of study other than social work. This research serves as part of the requirements needed to obtain a Master's degree in Social Work for Clark Atlanta University located in Atlanta, Georgia.

The study will be anonymous and participants will be asked to answer all questions. The questionnaire will make inquires about childhood adversities that women may have faced. Participation in this study is totally voluntary; those who agree to take part in this study will remain anonymous and the information will be reviewed and summarized without prejudice.

Please understand that there are no foreseeable risks involved in this study. If at anytime you feel uncomfortable please speak with the director. If you agree to voluntarily take part in this study please sign and date this document.

Signature: _____ Date: _____

APPENDIX C: SITE APPROVAL LETTER

December 1, 2003

Mr. Beau Harris
Hampton Oaks
1955 LaDawn Lane
Atlanta, GA 30318

Dear Mr. Harris:

As a prerequisite necessary to obtain my Master's degree in Social Work from the Whitney M. Young Jr., School of Social Work Clark Atlanta University, a research study is required and an agreement between agency and student is needed. The topic of my research, which is a thesis, is An Exploratory Study on Childhood Adversities and the Relationship to Depression in African-American Women. My study has an overview of literature on depression in women and childhood adversities.

The objective of this study is to find out if there is a relationship between childhood adversities and depression in African-American women. Because of the population that Hampton Oaks serves and the population size needed for this study, this is to confirm my request to be permitted to conduct my study with the women at your development.

The results from this study will be used for the sole purpose of further assessing contributing factors of depression. If you desire, I would be pleased to provide a summary of the findings to your office. This study will be on file in the Atlanta University Center, Robert W. Woodruff Library.

The study will be anonymous and participants will be asked to answer all questions. Participation in this study is totally voluntarily and confidentiality will be explained so that no data can be identified. Please understand that there are no foreseeable risks involved in this study. Written permission for me to conduct my study with the population that you serve would be appreciated greatly.

If you have any questions please contact me at (404) 272-7917.
Thank you,

Monica Justice, MSW Student
cc. Naomi T. Ward, Research Advisor

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